

services made available under the initial phase of the implementation of the Act, and to consult with Federal agencies and other potential users in order to assess the quality and value of these interim services.

The initial online services include access to a WAIS Server at GPO offering the following databases: the **Federal Register**, Volume 59 (1994); the Congressional Record, Volume 140 (1994); the Congressional Record Index, Volumes 138 to 140 (1992-1994); and Congressional Bills from the 103d Congress (1993-1994). The **Federal Register**, Congressional Record and Congressional Bills databases provide ASCII text files with all graphics included as individual files in TIFF format. Brief ASCII text summaries of each **Federal Register** entry are also available. The Congressional Record Index provides ASCII text files with all graphics included as individual files in TIFF format. The Congressional Bills are available as ASCII text files and as Adobe Acrobat Portable Document Format (PDF) files. Users with Acrobat viewers can display and print typeset page facsimiles of enrolled bills.

Seating is limited to 75 people per session. Individuals interested in attending should contact the GPO's Office of Electronic Information Dissemination Services on 202-512-1530 or (FAX) 202-512-1262. Reservations can also be made by Internet e-mail at john@eids06.eids.gpo.gov.

Michael F. DiMario,

Public Printer.

[FR Doc. 95-566 Filed 1-9-95; 8:45 am]

BILLING CODE 1505-02-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Ryan White Title IV; Grants for Coordinated HIV Services and Access to Research for Children, Youth, Women, and Families

AGENCY: Health Resources and Services Administration (HRSA), PHS.

ACTION: Notice of availability of funds.

SUMMARY: The Maternal and Child Health Bureau (MCHB), HRSA, announces that fiscal year (FY) 1995 funds are available for grants for projects that develop and support the provision of coordinated comprehensive services and enhance access to clinical research trials and other research activities for children, youth, women

and families infected/affected by the Human Immunodeficiency Virus (HIV). Projects will be funded to implement innovative models of family-centered, community-based coordinated care and research for children, youth, women, and families infected/affected by HIV, or those at risk for developing infection. Funds were appropriated for this purpose under Section 2671 of the Public Health Service Act [as enacted by Title IV of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act of 1990, Public Law 101-381 (42 U.S.C. 300ff-11 *et seq.*)].

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS national activity for setting priority areas. Title IV directly addresses the Healthy People 2000 objectives related to the priority area of HIV infection. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report; Stock Number 017-001-00474-0) or *Healthy People 2000* (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202 783-3238).

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

ADDRESSES: Grant applications for the HIV Program for Children, Youth, Women, and Families (PHS form #5161-1, approved under OMB #0937-0189) must be obtained from and submitted to: Chief, Grants Management Branch, Office of Program Support, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18-12, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-1440.

DATES: The application deadline date is April 7, 1995. Competing applications will be considered to be on time if they are:

- (1) Received on or before the deadline date, or
- (2) Postmarked on or before the deadline date and received in time for orderly processing.

As proof of timely mailing, applicants should obtain a legibly dated receipt from the commercial carrier or the U.S. Postal Service; private metered postmarks will not be accepted as proof of timely mailing.

Late applications not accepted for processing or those sent to an address

other than specified in the **ADDRESSES** section will be returned to the applicant.

Applicants will be notified of grant awards in July 1995. The starting dates for projects will be specified in the program guidance.

FOR FURTHER INFORMATION CONTACT:

Additional information regarding technical and program issues may be obtained from: Beth D. Roy, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A-19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-9051. Requests for information concerning business management issues should be directed to: Dorothy Kelley, Acting Grants Management Officer (GMO), Maternal and Child Health Bureau, at the address specified in the **ADDRESSES** section.

SUPPLEMENTARY INFORMATION

Program Background and Objectives

The Pediatric AIDS Program was initiated in 1988. The program grew from 13 projects funded at \$4.4 million to a total of 48 projects funded at \$22 million in 1994. Since 1988, the program has evolved from a primary focus on the coordination of services for the management and care of infected children and their families to also address the broader prevention and care needs of youth and women infected/affected by HIV. In FY 1994, Congress funded the Pediatric AIDS Program under section 2671 of the Public Health Service Act (Title IV of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act of 1990, Public Law 101-381). As a result of authorization under Title IV, the focus of the program was expanded to include the development of innovative models linking systems of comprehensive primary/community-based medical and social services with the National Institutes of Health (NIH) and other clinical research trials. Funds authorized under Title IV may be used to develop and support the provision of coordinated comprehensive services and enhance access to clinical research trials and other research activities, for children, youth, women, and families infected/affected by HIV.

Last year, published results from a NIH clinical trial (ACTG 076) demonstrated the potential for reducing perinatal transmission by two-thirds when pregnant HIV-infected women were given AZT during pregnancy and at delivery, and the infants received AZT in the first weeks of life. In FY

1995 in response to these findings, the program will further emphasize prevention and early intervention for women and the integration of HIV prevention and treatment into broader systems of primary care, including care systems supported under the Maternal and Child Health (MCH) Services Block Grant.

Purpose

The purpose of Title IV funding is to improve and expand the coordination of a system of comprehensive care for children, youth, women, and families who are infected/affected by HIV and to link comprehensive care systems with clinical research and other research activities. Funds will be used to demonstrate potentially replicable models that: (1) cross established systems of care to coordinate service delivery, HIV prevention efforts, and clinical research and other research activities; and (2) address the barriers to comprehensive care experienced by children, youth, women, and families infected/affected by HIV.

While children, youth, and women represent the most recently impacted and rapidly growing population groups affected by HIV, they also represent the groups facing the greatest barriers in accessing care and research. These groups are disproportionately members of communities of color with limited economic resources. Given these realities, children, youth, and women affected by HIV are confronted with a complex array of economic and social issues that increase their need for comprehensive services and increase the cost and intensity of care. Existing systems of care are often not prepared to respond to these needs and require targeted resources and interventions in order to develop infrastructures and provider capacities that would allow them to provide quality care to these populations.

Given these unmet needs, activities under these grants should address the following goals:

- Foster the development and support of comprehensive care infrastructures, including primary care, that increase access to culturally competent, family-centered, community-based, coordinated care.
- Emphasize prevention within the comprehensive care system in order to reduce the spread of the HIV infection to vulnerable populations.
- Link comprehensive systems of care with HIV/AIDS clinical research trials and other research activities, resulting in increased access for children, youth, women, and their families.

Funding Category

Applications which do not fall within this category will not be considered for funding.

The HIV Program for Children, Youth, Women, and Families develops and supports innovative models that coordinate systems of comprehensive HIV care and that foster collaboration between clinical research institutions and family-centered primary/community-based medical and social service programs for children, youth, women and their families. Projects will focus on local capacity-building, making maximum use of all available public and private resources for reaching and providing health care and supportive services to the target population. Projects should strengthen existing comprehensive care infrastructures by: (1) broadening the coalition of agencies, providers, community organizations and families which participate in the identification of needs, services planning, the coordination and delivery of services, and the financing of services for HIV affected populations; and (2) identifying and addressing systemic issues that affect provider collaboration and impact the provision of coordinated high quality comprehensive care.

Preference for funding in this category will be given to projects which demonstrate an established model of a comprehensive and coordinated system of care that is culturally competent, family-centered, and community-based. This means that these projects will be funded ahead of new groups of applications in this category.

Availability of Funds

Approximately \$4.8 million will be available for competitive grants. It is anticipated that a total of 13 grants will be awarded. Award amounts may range from \$225,000 to \$1 million, depending on need and scope of the project. Project periods for these grants will be three years.

Special Concerns

The HIV Program for Children, Youth, Women, and Families grantees supported by HRSA should coordinate their projects with other Federal, State, and local programs concerned with HIV and/or serving the target population of children, youth, women and families affected by or at risk for HIV, particularly: Title V Maternal and Child Health programs; Ryan White Titles I, II and III programs; providers funded by the Substance Abuse and Mental Health Services Administration; the Health Resources and Services Administration, the Centers for Disease Control

prevention efforts; and clinical trials funded by NIH or other sources.

Recognizing the growing impact of HIV on women and communities of color, MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. Furthermore, in order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB.

Applications will be reviewed with particular attention to inclusion of women and persons from culturally distinct populations. Funding will be provided to those which, in the Department's view, best meet the statutory purposes of the HIV Program for Children, Youth, Women, and Families and address achievement of the Healthy People 2000 objectives related to HIV infection.

Review Criteria

Applications for grants will be reviewed and rated by objective review panels according to the following criteria:

—Adequacy of needs assessment documenting:

- (1) The impact of HIV on children, youth, women, and families in the service area;
- (2) Key socio-demographic factors of the Title IV targeted populations;
- (3) Barriers to care experienced by the targeted populations;
- (4) Strengths and weaknesses of the existing care systems (MCH, primary care, and HIV care), and the impact of these weaknesses on the provision of comprehensive HIV care;
- (5) The capacity of local HIV programs to provide comprehensive care to the targeted populations; and
- (6) Collaboration with existing local, State, or Federal efforts to document the HIV needs of the service area.

—Adequacy of efforts to incorporate within governing bodies, policy, and program committees the substantive involvement of persons receiving services; adequacy of efforts to obtain input and involve consumers in program needs assessments, and the definition of program policy.

—Ability to demonstrate the capacity to coordinate and support a comprehensive system of family-centered, community-based, coordinated care by documenting:

(1) service linkages to agencies/organizations providing primary care, HIV care, MCH programs, and tertiary care;

(2) the ability to establish linkages with planning bodies and community coalitions involved in the provision of HIV services and women's health care services within the proposed catchment area (e.g., State Title V agencies, other Ryan White Programs, and Healthy Start agencies);

(3) expertise in providing family centered, coordinated care and the ability to support other providers in the provision of such care; and

(4) the organizational structure and staffing necessary to implement proposed goals and objectives.

—Adequacy of efforts to identify and address the needs unique to the racial/ethnic minority populations infected/affected with HIV within the proposed project area, by documenting:

(1) the social and cultural issues unique to the racial/ethnic minority populations infected/affected with HIV within the proposed project area, that impact outreach, prevention, and the receipt of care;

(2) the existing provider capacity for conducting outreach and prevention activities, and to provide services in a manner that acknowledges the social and cultural issues that impact the provision and receipt of care to these populations;

(3) a plan to conduct outreach and prevention and provide HIV services that: enhances racial/ethnic minority access to care; acknowledges the social and cultural issues that impact the provision of care; and supports the receipt of ongoing care.

—Adequacy of efforts to develop linkages which facilitate access to clinical trials and other research activities.

—Consistency of the plan with the goals of the Title IV program and the extent to which the plan addresses issues identified in the needs assessment; clearly defined, time framed goals and objectives for the grant period.

—Adequacy of the strategy and proposed steps to utilize and report data and evaluation for program planning and management, as well as for measuring the efficacy and effectiveness of the program.

—Adequacy of the proposed budget; budget justification based on project methodology and required resources.

—The extent to which the application is responsive to the special concerns and program priorities specified in this notice.

—Demonstration of an organized, comprehensive system of care, and for competing renewal applicants, progress in meeting the goals of the current project period will be assessed.

Eligible Applicants

Grants may be awarded to public or nonprofit private entities that provide or arrange for primary health care. Eligible entities may include, but are not limited to, State or local health departments, university medical centers, public or nonprofit private hospitals, community health centers (as defined in section 330(a) of the Act), hemophilia treatment centers, drug abuse treatment agencies, tribal health programs, school based clinics and institutions of higher education.

Allowable Costs

The MCHB may support reasonable and necessary costs of HIV Project grants within the scope of approved projects. Allowable costs may include salaries, equipment and supplies, travel, contractual, consultants, and others, as well as indirect costs. The MCHB adheres to administrative standards reflected in the Code of Federal Regulation 45 CFR Part 92 and 45 CFR Part 74. All other sources of funding to support this project must be accurately reflected in the applicant's budget.

Reporting Requirements

A successful applicant under this notice will submit reports in accordance with the provisions of the general regulations which apply under 45 CFR Part 74, Subpart J, Monitoring and Reporting of Program Performance, with the exception of State and local governments to which 45 CFR Part 92, Subpart C reporting requirements will apply. Financial reporting will be required in accordance with 45 CFR Part 74, Subpart H, with the exception of State and local governments, to which 45 CFR Part 92.20 will apply.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement

(PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

(a) A copy of the face page of the application (SF 5161).

(b) A summary of the project (PHSIS), not to exceed one page, which provides:

(1) A description of the population to be served.

(2) A summary of the services to be provided.

(3) A description of the coordination planned with the appropriate State and local health agencies.

Executive Order 12372

The HIV Program for Children, Youth, Women, and Families has been determined to be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies, as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages to be made available under this notice (Form PHS 5161-1 with revised face sheet HHS Form 424 and with Program Narrative and Checklist approved under OMB 0937-0189) will contain a listing of States which have chosen to set up such a review system and will provide a single point of contact (SPOC) in the States for review. Applicants (other than federally-recognized Indian tribal governments) should contact their State SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline for new and competing awards. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date. (See Part 148, Intergovernmental Review of PHS Programs under Executive Order 12372 and 45 CFR Part

100 for a description of the review process and requirements.)

(The OMB Catalog of Federal Domestic Assistance number for the HIV Program for Children, Youth, Women, and Families is 93.153.)

Dated: January 5, 1995.

Ciro V. Sumaya,
Administrator.

[FR Doc. 95-570 Filed 1-9-95; 8:45 am]

BILLING CODE 4160-15-P

National Institutes of Health

National Center for Human Genome Research; Amended Notice of Meeting

Notice is hereby given of a change in the time of open portion of the meeting January 30 and 31, 1995, of the National Advisory Council for Human Genome Research, National Center for Human Genome Research, which was published in the Federal Register on December 22, 1994, 59 FR 66034.

The open portion of the meeting was to have been from 8:30 to 11:30 a.m. on Monday, January 30, 1995. The open portion will now be held at 1:00 to 5:00 p.m.

(Catalog of Federal Domestic Assistance Program No. 93.172, Human Genome Research.)

Dated: January 4, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95-537 Filed 1-9-95; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Community Planning and Development

[Docket No. N-95-3759; FR-3662-N-02]

Announcement of Funding Awards for the John Heinz Neighborhood Development Program FY 1994

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Announcement of funding awards.

SUMMARY: In accordance with section 102(a)(4)(C) of the Department of Housing and Urban Development Reform Act of 1989, this announcement notifies the public of funding decisions made by the Department in a competition for funding under the NOFA for the John Heinz Neighborhood Development Program (NDP). The announcement contains the names and

addresses of the competition winners and the amount of the awards.

FOR FURTHER INFORMATION CONTACT:

Gene Hix, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7218, Washington, DC 20410. Telephone Number (202) 708-2186; TDD Number: (202) 708-2565. (These are not toll-free numbers.)

SUPPLEMENTARY INFORMATION: The John Heinz Neighborhood Development Program is authorized by section 123 of the Housing and Urban-Rural Recovery Act of 1983 (42 U.S.C. 5318 note). For Fiscal Year 1994, a total of \$5 million was appropriated for this program under the Department of Veterans Affairs and Housing and Urban Development and Independent Agencies Appropriations Act of 1994 (Pub. L. 103-124, approved October 18, 1993).

On May 13, 1994 (59 FR 25274), HUD published a NOFA for the John Heinz Neighborhood Development Program. The May 13, 1994 NOFA announced the availability of \$4.75 million in funding for eligible neighborhood development organizations. The NOFA stated that the purpose of the program is to support eligible neighborhood development activities using cooperative efforts and monetary contributions from local sources. The Federal funds are incentive funds to promote the development of this concept and encourage neighborhood organizations to become more self-sufficient in their development activities. Funds would be used to plan and carry out specific projects which create permanent jobs in the neighborhood; establish or expand businesses; develop new housing, rehabilitate existing housing or manage housing stock; develop essential services; or provide neighborhood improvement efforts.

In accordance with section 102(a)(4)(C) of the Department of Housing and Urban Development Reform Act of 1989, the Department is publishing the names and addresses of the nonprofit organizations which received funding under this NOFA, and the amount of funds awarded to each. This information is provided in Appendix A to this document.

Dated: December 12, 1994.

Andrew Cuomo,

Assistant Secretary for Community Planning and Development.

Appendix A

The following community-based organizations were awarded NDP grants:

JOHN HEINZ NEIGHBORHOOD DEVELOPMENT PROGRAM (NDP), NOVEMBER 22, 1994

Organization	Amount
Center City Coalition Inc., Hartford, CT	\$75,000
Washington Park Assn., Bridgeport, CT	75,000
Neighborhood Development Corp. Of Jam, Jamaica Plain, MA	75,000
Urban Edge Housing Corp., Jamaica Plain, MA	75,000
B.C.H. of Trenton, Inc., Trenton, NJ	75,000
Mt. Holly 2000, Inc., Mount Holly, NJ	75,000
Asian Americans For Equality, New York, NY	75,000
Carroll Gardens Assn. Inc., Brooklyn, NY	75,000
Community Assn. Progressive Dominican, New York, NY	75,000
Cypress Hill Local Development Corp., Brooklyn, NY	37,400
Good Old Lower East Side Inc., New York, NY	56,667
Harlem Restoration Project, New York, NY	75,000
Manhattan Neighborhood Renaissance Ld, New York, NY ..	75,000
Mount Hope Housing Co., Bronx, NY	50,000
Parkside Community Assn., Buffalo, NY	38,930
Marble Hill Community Development Cor, Baltimore, MD ..	75,000
Frankford Group Ministries CDC, Philadelphia, PA	75,000
Garfield Jubilee Assn., Pittsburgh, PA	75,000
Ludlow Community Association, Philadelphia, PA	75,000
Monessen Community Development Corp., Monessen, PA	75,000
Peoples Emergency Center CDC, Philadelphia, PA	75,000
All Citizens Taking Initiatives On Need, Suffolk, VA	75,000
Highland Park Restoration & Preservat, Richmond, VA	75,000
Inner City Community Task Force, Lynchburg, VA	75,000
Northwest Neighborhood Enviro, Roanoke, VA	75,000
Your Neighbors, Richmond, VA	60,000
Vine City Housing Ministry, Inc., Atlanta, GA	50,000
Belmont Community Development Corp., Charlotte, NC	75,000
Grier Heights Economics Foundation, Charlotte, NC	75,000
Gower Neighborhood Assn. Inc., Greenville, SC	75,000
Greenville Urban League Community Dev, Greenville, SC ..	75,000
Memphis Area Neighborhood Development, Memphis, TN .	75,000
Bethel New Life Inc., Chicago, IL	70,000
Bickerdike Redevelopment Corp., Chicago, IL	74,967